POSITION	INITIALS	ID NO.	DATE
			1
FEE DETERMINATION	<u> </u>	16621	(MAR) /013
O.I.P.E. CLASSIFIER		48	10/11/00
FORMALITY REVIEW		71531	11.15.17
RESPONSE FORMALITY REVIEW	7#	1/131	13001

INDEX OF CLAIMS

•	Rejected	N	Non-electe
=	Allowed	- 1	Interference
-	(Through numeral) Canceled	A	Appeal
÷	Restricted	0	Objected

Claim / Date	Claim Date	Ctaim Date
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	95	144
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49	99	148
50 + + + + + + + + + + + + + + + + + + +	100	148
		150

If more than 150 claims or 10 actions staple additional sheet here

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